

# BUDGET EXPENSE and RESOURCE SUMMARY for Region \_\_\_\_\_

## Expense Reimbursement Contract

Number \_\_\_\_\_

Description \_\_\_\_\_

DIVISION: 030

Mental Health, Developmental Disabilities &amp; Addictive Diseases

REPORT CCYYMM: \_\_\_\_\_

LOCAL AGENCY: \_\_\_\_\_

BUDGET APPROVAL CODE: 0

BUDGET PROGRAM: \_\_\_\_\_

BUDGET REVISION: \_\_\_\_\_

### PROPOSED EXPENSES

SCOA	Description	CURRENT BUDGET	+	ADJUSTMENT +/-	=	REVISED BUDGET
Direct Salaries						
511.001	Salaries	_____		_____		_____
Other Operating						
627.001	Other Operating Expenses	_____		_____		_____
Equipment						
643.001	Equipment (\$1000 or more)	_____		_____		_____
<b>TOTAL PROPOSED EXPENSES</b>		_____		_____		_____

### PROPOSED RESOURCES

Fund Source	Description	CURRENT BUDGET	+	ADJUSTMENT +/-	=	REVISED BUDGET
6001	County Participating	_____		_____		_____
6002	County Cash Match	_____		_____		_____
6004	County Non-Participating	_____		_____		_____
6006	Municipal	_____		_____		_____
6008	Outpatient Medicare Fees	_____		_____		_____
6009	Outpatient Medicaid CY Fees	_____		_____		_____
6013	DOE Contracts	_____		_____		_____
6015	Client Fees	_____		_____		_____
6016	Private Insurance	_____		_____		_____
6017	Other Fees	_____		_____		_____
6018	Contracts	_____		_____		_____
6020	Hospital Authority	_____		_____		_____
6021	Other Local Funds	_____		_____		_____
6024	Prior Year Program Income	_____		_____		_____
6028	Medicaid Pharmacy	_____		_____		_____
6030	MRDS Work Activity	_____		_____		_____
6032	Medicaid Waiver CY Fees	_____		_____		_____
6039	Outpatient Medicaid PY Fees	_____		_____		_____
6042	Insurance Reimbursement	_____		_____		_____
6047	Medicaid Waiver PY Fees	_____		_____		_____
7014	Direct Federal Funds	_____		_____		_____
8001	GRANT-IN-AID	_____		_____		_____
8002	DHR Contracts	_____		_____		_____
<b>TOTAL PROPOSED RESOURCES</b>		_____		_____		_____

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**Expense Reimbursement Contract**

Number

Description

**DIVISION:** 030

**Mental Health, Developmental Disabilities & Addictive Diseases**

**REPORT CCYYMM:** \_\_\_\_\_

**LOCAL AGENCY:** \_\_\_\_\_

**BUDGET APPROVAL CODE:** 0

**BUDGET PROGRAM:** \_\_\_\_\_

**BUDGET REVISION:** \_\_\_\_\_

**AGENCY SIGNATURE**

I certify that to the best of my knowledge, the information on Page 1 of this summary is a true and accurate statement of the revenues and expenses for the specified month.

\_\_\_\_\_  
**Authorized Agency Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

**DMHDDAD SIGNATURE**

**Reviewed By:**

\_\_\_\_\_  
**Authorized DMHDDAD Signature**

\_\_\_\_\_  
**Date**